TABULAR COMPARISON OF PROPOSED CLAIMS FOR DISCUSSION AT INTERVIEW ON MAY 18, 2009, 10:30AM

1. Case 1- parent

IN RE APPLICATION OF:

SHACHAR

SERIAL NO.: 10/614,685

FOR: METHOD AND APPARATUS FOR PIEZOELECTRIC LAYER-WISE PUMP AND VALVE FOR USE IN LOCAL ADMINISTRATION OF BIOLOGICAL RESPONSE MODIFIERS AND THERAPEUTIC AGENTS FILED: JUL. 3, 2003

Claim 1 rejected over Soykan in view of Patterson in further view of Marshall.

Amended Claim	Office Action 1/23/2009	Prime	Primary Distinctions
1. An implantable apparatus for		Š	Soykan is a vascular systemic
infusing a plurality of medicating agents		tr	treatment apparatus and method
to a specific desired location at a tumor		ā	and is not operable for tumors.
site for nonsystemic treatment of a			
tumor, when implanted within a			
patient's body, comprising:		.	
an implantable pouch having multiple a	Soykan discloses an implantable	· S	Sovkan discloses cells or
plurality of collapsible and	apparatus comprising: an implantable	L L	nanocubes, not pouches.
disintegratable chambers composed of	pouch (col 3, lns 6-31; col 8, lns 63-67;	ĭŎ •	Sovkan does not have a
a bioabsorbable material, the pouch	col 9, lns 38-60; col 10, lns 4-8; col 12,	SC	scaffolding covered by a synthetic
comprising a scaffolding comprised of	Ins 51-65; col 13, Ins 16-28; col 14, Ins		human skin.
collagen forming a matrix capable of	26-39; cal 15, Ins 5-12; cal 16, Ins 23-	υ.	Sovkan's cells and nanocubes
degrading over time, and a synthetic	27, lns 42-61)	S 8	cannot store amounts of agent
human skin for substantially enclosing		ns	sufficient for tumor treatment.
the pouch, the chambers being	having multiple collapsible chambers	ى •	Soykan cannot provide treatments

	-	•	me, and match the duration of the dispension of the	•			, Ins 35-37;		opic	a chamber	vehicles is	s cells and	ctric • Sovkan's pumps are not made of			forms a fabricated in the pouch which	pumps form a skeleton for the			tient (col 4, Soykan		•
composed of a bioabsorbable material,	the pouch comprising a scaffolding (col 9, lns 9-37; wherein the stent is	disclosed as being polyment and bioabsorbable;)	capable of degrading over time, and	a synthetic skin or enclosing the pouch; and	multiple medicating agents disposed in	said collapsible chambers (col 4, Ins	18-32; col 8, Ins 56-67, col 9, Ins 35-37; col 9 Ins 38-50 col 12 Ins 51-85.	501 5, 1115 50-55, 501 1£, 1115 5	wherein each of the microscopic	containment vehicles forms a chamber	and each of the containment vehicles is	capable of containing various cells and therapeutic agents):	multiple implantable piezoelectric	pumps (col 4, Ins 18-32, col 12, Ins 51-	65; col 13, Ins 16-27; col 14, Ins 26-39)	fabricated in the pouch which forms	skeleton of the pumps,	the second secon	modioding semig comiguied to mansier	inequating agents to said patient (col 4, lns 18-32: col 12, lns 51-65; col 13, lns	16-27; col 14, Ins 26-39); and	
structurally defined by the matrix, each chamber having a volume for storing a	corresponding one of the plurality of the medicating agents in a macroscopic	tumor treatment including relatively long durations, and wherein the	chambers and the synthetic human skin are arranged and configured to	substantially completely collapse and disintegrate within the patient's body	with depletion of the plurality of medicating agents which is selectively	dispensed from the chambers;			where the plurality of multiple	medicating agents disposed are stored	in said corresponding ones of the	plurality of collapsible chambers;	multiple implantable piezoelectric	pumps of celluloid material fabricated in	the pouch which pumps forms a	skeleton for the pouch, the pumps	being configured to transfer the	medicating agents to said the patient;				

implantable and bioabsorbable skin substitute comprising a poreus matrix of fibers of cross-linked tendon collagen and a chondroilin sulfate with a layer made of synthetic polysiloxane polymer covering the pouches and pumps; and	bioabsorbable skin (col 9, Ins 38-60, col 10, Ins 4-col 11, Ins 14) covering the pouch and pumps; and	substitute in Soykan.
at least one implanted sensor to measure a local homeostatic response related to at least one of the plurality of medicating agents: and		
an implanted control circuit on a biodegradable substrate housed within and implanted at the site of implantation of the pouch and	an implanted control circuit housed within the pouch (col 4, lns 18-32, col 13, lns 16-27, col 14, lns 10-39, col 15, lns 4-24, col 16, lns 18-61; Fig 2a; Fig	The claimed control circuit implanted at pouch implant site provides optimal local control performed autonomously as
proximate to the pumps to control optimal local preper dosing amounts of each of the medicating agents and scheduling of the medicating agents in a closed loop control mode so that control of the operation is performed autonomously as determined by adjustable values of locally sensed homeostatic parameters at the	5;) to control proper dosing and scheduling of said medicating agent in a closed loop control mode so that control of the operation of the system is performed autonomously as determined by locally sensed homeostatic parameters (col 3, lns 6-31; col 8, lns 63-67; col 9, lns 38-60; col 10, lns 4.8; col 12, lns 54-65; col	determined by adjustable values of locally sensed homeostatic parameters at the treatment site – Soykan shows only a transforming circuit with no control ability at the implant site. Soykan's timing control circuit is in a subdermal chest implant.
treatment site.	13, lns 16-28; col 14, lns 26-39; col 15, lns 5-12; col 16, lns 23-27, lns 42-61).	 Dosing amounts of medication agents are autonomously controlled and not just timing of "a potent dose" as in Soykan
where the control circuit controls at least one of the piezoelectric pumps to modify the state of the tumor in response to measurements from the implanted sensor, and where the control circuit controls and selectively		

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adjusts the scheduling of the amounts	of the medicating agents which are	delivered in response to selective user	commands delivered to the control	circuit and alterable during a treatment	process after implantation.

Patterson was cited to show scaffolding composed of collagen forming a matrix capable of degrading over time (col 4, Ins 28-51) for the purpose of maintain the device in a certain position in the body during treatment and then degrading to avoid surgical risks associated with removing the device after treatment.

Patterson does not schedule disintegration of the tube 20 to match the duration of the dispensing of an agent, but states that it "might dissolve in 9 - 12 months", Marshall was cited to show a porous matrix of fibers of cross-linked tendon collagen and a chondroitin sulfate with a layer made of synthetic polysiloxane polymer (col 7, Ins 19-35) for the purpose of providing a matrix scaffolding for an implant that promotes healing and infiltration of fibroblasts, capillaries, and other natural body healing responses.

The analogous limitations in claim 1 have been deleted so that Marshall is no longer relevant to the claim.